



PTO/SB/21 (12/97)
Approved for use through 9/30/2000 OMB 0651-0031
Patent and Trademark Office U.S. DEPARTMENT OF COMMERCE

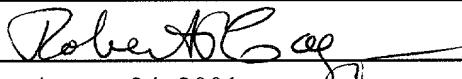
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030

| | | | |
|---|---|------------------------|------------------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | | Application No. | 09/844,161 |
| | | Filing Date | April 27, 2001 |
| | | First Named Inventor | J. Chris Russell |
| | | Group Art Unit | 2182 |
| | | Examiner Name | |
| Total Number of Pages in This Submission | 6 | Attorney Docket Number | 80398P458 |

| | | | |
|--|---|---|--------------------------|
| ENCLOSURES (check all that apply) | | | |
| <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application) <input checked="" type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> To Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund | <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 5px; min-height: 40px; margin-top: 10px;">Postcard; Response to Notice to correct appln papers.</div> | |
| | | | <input type="checkbox"/> |

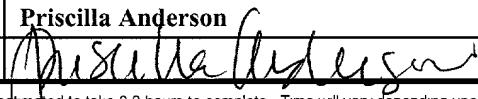
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | |
|-------------------------|---|
| Firm or Individual name | Robert P. Cogan, Reg. No. 25,049 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP |
| Signature |  |
| Date | August 24, 2001 |

CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class mail with sufficient postage in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on:

August 24, 2001

| | |
|-----------------------|---|
| Typed or printed name | Priscilla Anderson |
| Signature |  |
| Date | August 24, 2001 |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO Assistant Commissioner for Patents, Washington, DC 20231.

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DUPLICATE

PTO/SB/17 (12/99)

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FEES TRANSMITTAL for FY 2000

Patent fees are subject to annual revision

TOTAL AMOUNT OF PAYMENT (\$)

Complete if Known

| | |
|------------------------|------------------|
| Application No. | 09/844,161 |
| Filing Date | April 27, 2001 |
| First Named Inventor | J. Chris Russell |
| Examiner Name | |
| Group/Art Unit | 2182 |
| Attorney Docket Number | 80398P458 |

METHOD OF PAYMENT (check one)

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to

Deposit Account Number **02-2666**

Deposit Account Name **Blakely, Sokoloff, Taylor & Zafman LLP**

Charge Any Additional Fee(s) Required
Under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20

Applicant claims small entity status
See 37 CFR 1.27

2. Payment Enclosed:

Check Credit card Money Order Other

FEE CALCULATION (continued)

3. ADDITIONAL FEE

| Large Entity | Small Entity | Fee Description | Fee Paid |
|------------------------------------|---------------|---|----------|
| Fee Code (\$) | Fee Code (\$) | | |
| 105 | 130 | 205 65 Surcharge - late filing fee or oath | |
| 127 | 50 | 227 25 Surcharge - late provisional filing fee or cover sheet. | |
| 139 | 130 | 139 130 Non-English specification | |
| 147 | 2,520 | 147 2,520 For filing a request for reexamination | |
| 112 | 920* | 112 920*Requesting publication of SIR prior to Examiner action | |
| 113 | 1,840* | 113 1,840*Requesting publication of SIR after Examiner action | |
| 115 | 110 | 215 55 Extension for response within first month | |
| 116 | 390 | 216 195 Extension for response within second month | |
| 117 | 890 | 217 445 Extension for response within third month | |
| 118 | 1,390 | 218 695 Extension for response within fourth month | |
| 128 | 1,890 | 228 945 Extension for response within fifth month | |
| 119 | 310 | 219 155 Notice of Appeal | |
| 120 | 310 | 220 155 Filing a brief in support of an appeal | |
| 121 | 270 | 221 135 Request for oral hearing | |
| 138 | 1,510 | 138 1,510 Petition to institute a public use proceeding | |
| 140 | 110 | 240 55 Petition to revive - unavoidable | |
| 141 | 1,240 | 241 620 Petition to revive - unintentional | |
| 142 | 1,240 | 242 620 Utility issue fee (or reissue) | |
| 143 | 440 | 243 220 Design issue fee | |
| 144 | 600 | 244 300 Plant issue fee | |
| 122 | 130 | 122 130 Petitions to the Commissioner | |
| 123 | 50 | 123 50 Petitions related to provisional applications | |
| 126 | 180 | 126 180 Submission of Information Disclosure Stmt | |
| 581 | 40 | 581 40 Recording each patent assignment per property (times number of properties) | |
| 146 | 710 | 246 355 Filing a submission after final rejection (37 CFR 1.129(a)) | |
| 149 | 710 | 249 355 For each additional invention to be examined (37 CFR 1.129(b)) | |
| 179 | 710 | 279 355 Request for Continued Examination (RCE) | |
| 169 | 900 | 169 900 Request for expedited examination of a design application | |
| Other fee (specify) | | | |
| Other fee (specify) | | | |
| * Reduced by Basic Filing Fee Paid | | SUBTOTAL (3) | (\$) |

Complete (if applicable)

SUBMITTED BY

| | | | | | |
|-------------------|-----------------|--------------------------------------|--------|-----------|----------------|
| Name (Print/Type) | Robert P. Cogan | Registration No. (Attorney/Agent) | 25,049 | Telephone | (858) 457-0022 |
| Signature | | | | Date | 08/24/01 |

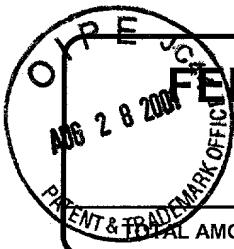
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FEE TRANSMITTAL for FY 2000

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PATENT & TRADEMARK OFFICE



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Applicant claims small entity status
See 37 CFR 1.27

2. Payment Enclosed:

Check Credit card Money Order Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Small Entity

| Fee Code | Fee (\$) | Fee Code | Fee (\$) | Fee Description | Fee Paid |
|----------|----------|----------|----------|------------------------|----------|
| 101 | 710 | 201 | 355 | Utility filing fee | |
| 106 | 320 | 206 | 160 | Design filing fee | |
| 107 | 490 | 207 | 245 | Plant filing fee | |
| 108 | 710 | 208 | 355 | Reissue filing fee | |
| 114 | 150 | 214 | 75 | Provisional filing fee | |

SUBTOTAL (1)

2. EXTRA CLAIM FEES

| Total Claims | - | Independent Claims | = | Extra Claims | X | Fee from below | = | Fee Paid |
|----------------------|---|----------------------|---|----------------------|---|----------------------|---|----------------------|
| <input type="text"/> | - | <input type="text"/> | = | <input type="text"/> | X | <input type="text"/> | = | <input type="text"/> |
| Multiple Dependent | | | | | | <input type="text"/> | = | <input type="text"/> |

**or number previously paid, if greater. For Reissues, see below

Large Entity Small Entity

| Fee Code | Fee (\$) | Fee Code | Fee (\$) | Fee Description |
|----------|----------|----------|----------|---|
| 103 | 18 | 203 | 9 | Claims in excess of 20 |
| 102 | 80 | 202 | 40 | Independent claims in excess of 3 |
| 104 | 260 | 204 | 135 | Multiple Dependent claim, if not paid |
| 109 | 80 | 209 | 40 | **Reissue independent claims over original patent |
| 110 | 18 | 210 | 9 | **Reissue claims in excess of 20 and over original patent |

SUBTOTAL (2)

3. ADDITIONAL FEE

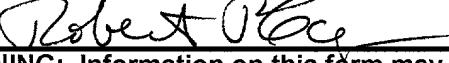
| Large Entity | Small Entity | Fee Description | Fee Paid |
|---------------------------|--------------|-----------------|---|
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| 169 | 900 | 169 | 900 Request for expedited examination of a design application |
| Other fee (specify) _____ | | | |
| Other fee (specify) _____ | | | |

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

Complete (if applicable)

SUBMITTED BY

| | | | | | |
|-------------------|---|--------------------------------------|--------|-----------|----------------|
| Name (Print/Type) | Robert P. Cogan | Registration No. (Attorney/Agent) | 25,049 | Telephone | (858) 457-0022 |
| Signature |  | | | Date | 08/24/01 |

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